

CLAIMS ONLY						Application Number <i>10/1917935</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3							53					
4		1					54					
5		1					55					
6		1					56					
7		1					57					
8		1					58					
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11		1					61					
12		1					62					
13		1					63					
14		1					64					
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16		1					66					
17		1					67					
18		1					68					
19	1						69					
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40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	79						Total Depend					
Total Claims	82						Total Claims					